

PART B - FEE(S) TRANSMITTAL

B7P

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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Fax (703)746-4000

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7590 05/28/2003

Becton, Dickinson and Company
 1 Becton Drive
 Franklin Lakes, NJ 07417



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Donna M. Baumann <i>Donna M. Baumann</i>	(Depositor's name) (Signature)
June 10, 2003 (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/894,788	06/28/2001	James G. Nadeau	P-4756D1	6190

TITLE OF INVENTION: PROBES AND METHODS FOR DETECTION OF NUCLEIC ACIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	08/28/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
WHISENANT, ETHAN C	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Allan M. Kiang

1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Becton, Dickinson and Company

Franklin Lakes, New Jersey 07417

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

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The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1666 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)

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6-10-03

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 02 FC:1501 1300.00 CH
 03 FC:8001 30.00 CH

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